

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000006322

Entity Name: MAXI-CARE, INC.

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

701-9 N. CONGRESS AVE.  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

701-9 N. CONGRESS AVE.  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

FEI Number: 65-0550464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARAGON, RAUL J  
701-9 N. CONGRESS AVE.  
SUITE 9&10  
BOYNTON BEACH, FL 33426 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: ARAGON, RAUL J COB  
Address: 43 W CYPRESS RD  
City-St-Zip: LAKE WORTH, FL 33467

Title: STD  
Name: COOK, DANA  
Address: 6080 PEACHTREE LN  
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAUL J. ARAGON

PCEO

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date